

IC10103



Bell Laboratories, Inc.

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. 608/241-0202 Fax: 608/241-4081

27 April 2000

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
401 M St. SW.
Washington, DC
20460

Re: FIFRA Section 6(a)(2) - Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report Forms for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekema Registrant Name: Bell Laboratories, Inc.
Compliance Manager 3699 Kinsman Blvd.
Bell Laboratories, Inc. Madison, WI 53597

Transmittal Date: April 27, 2000 Submission: Voluntary Industry Report for Adverse Effects Incident Information

Reportable Substances:

Product
Tomcat Rat & Mouse Bait Place Pac
ZP Tracking Powder

EPA Reg. #
12455-83-3240-002
12455-16-001

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekema
Compliance Manager
Bell Laboratories, Inc.
criekema@belllabs.com

Mr. Riekema is not actually
sure this registration number
is the correct one. He was only
guessing it might be right but
Bell actually has another
zinc phosphide
product too.
N. Spurling told
him we would not
input the reg. number
due to
the uncertainty.
5/3/2000

copy was

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name	Submission date.	Contact person (if different than reporter)	Internal ID 1133138
Administrative Data	Address		Address	
	Phone #		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Conyers Georgia 04/12/1999</i>	Date registrant became aware of incident. <i>04/27/2000</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name <i>zinc phosphide</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>Unknown</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <i>D - Dust</i>	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>Unknown</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>Application</i>	
Incident Circumstances	Applicator certified PCO? <i>Unknown</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>Other</i>			

Personal privacy information

Brief description of incident circumstances.

4/27/2000 11:36 -

HX: Caller states that she and her father's physicians (Dr. Dubose 404-255-1900 from the CDC and Dr. Braunstein at St. Joseph's Hospital) had been in communication with Bell laboratory last April regarding an alleged exposure to an unspecified Zinc Phosphide Dust product (from Bell Labs). Caller's father apparently placed 10 lbs of product on April 13th, 1999 into a car storage area; he did not use gloves or wear respiratory protection. Four hours after application, caller's father developed a fever, started shaking, having difficulty breathing and was brought to local HCF. Here, he continued to deteriorate, went into a coma after 2 weeks, developed complete organ system failure and eventually died. Caller states that the treating physicians eventually came to conclude that her father had suffered zinc phosphide poisoning and she claims that this is what is states on his death certificate.

Assessment: Unknown cause of parent's illness. Course of illness not consistent with what would be expected with acute phosphine poisoning. Discussed zinc phosphide and toxicity. Treatment of actual poisoning is primarily supportive. Have treating physicians contact us for medical toxicology consultation.

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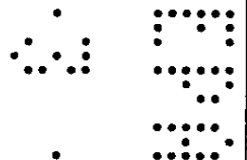
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Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 70's Sex: Male Occupation (if relevant) Unknown	Exposure route: Dermal, Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Unknown
If female, pregnant? Not applicable	Was exposure occupational? Not Occupational If yes, days lost due to illness:	Time between exposure and onset of symptoms: <= 6 hr.	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ER/HCF (Done)	List signs/symptoms/adverse effects 4/27/2000 11:36 - Other coagulopathy, Other LFT abnormality, Coma, Tremor, Renal failure, Diaphoresis, Fever/hyperthermia,		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: <= 8 hr. Weight:			
Human severity category: HA			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)



Internal ID #
1133138

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name	Submission date.	Contact person (if different than reporter)	Internal ID
Administrative Data	[REDACTED]		[REDACTED]	1123830
	Address		Address	
	[REDACTED]		[REDACTED]	
	Phone #		Phone #	
	Incident Status:	Location and date of incident	Date registrant became aware of incident.	Was incident part of larger study? No
	New	Ft Morgan Colorado 03/23/2000	03/23/2000	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	12455-83			
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name	Product 2 Name	Product 3 Name	
	Tomcat Rat & Mouse Bait Place Pac (3oz)			
	Exposed to concentrate prior to dilution? Unknown	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
	Bait			
Row 3	Evidence label directions were not followed? Unknown	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).	
Incident Circumstances	Intentional misuse? Unknown	Own Residence	Other	
	Applicator certified PCO? Unknown			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	Unknown			

Personal privacy information

Brief description of incident circumstances.

3/23/2000 14:08 -

HX: Caller states a coworker is very sick. She states that the pt is losing motor skills, hands drying up, and he has a thyroid abnormality. Caller wondering if this could happen with putting product in house. MDs are wondering what in the environment could be affecting him like this.

Assessment: Explained that product contains a LA anticoagulant. If product was ingested in large enough quantities it can cause bleeding. Sounds like something else is going on.

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04

05

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Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 40 yr. Sex: Male Occupation (if relevant) Unknown	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Unknown
If female, pregnant? Not applicable	Was exposure occupational? Not Occupational If yes, days lost due to illness:	Time between exposure and onset of symptoms: Unable to determine	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site, see MD prn (Recommended)	List signs/symptoms/adverse effects 3/23/2000 14:08 - Other, Dermal--dry handsOther, Neurological--loss of motor skillsOther, Miscellaneous--thyroid abnormality		If lab tests were performed, list test names and results (If available, submit reports)
Exposure data: Amount of pesticide: Exposure duration: Unknown Weight:			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID#
1123830

R115483

Chemical:	Zinc phosphide (Zn₃P₂)
PC Code:	088601
HED File Code	15100 Other Incident Documents
Memo Date:	04/27/2000
File ID:	00000000
Accession Number:	412-06-0008

HED Records Reference Center
11/07/2005